

**FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
INDIVIDUAL REQUEST FOR PERSONAL INFORMATION**

The Driver Privacy Protection Act restricts the release of personal information in vehicular crash, motor vehicle, and driver license records. Personal information includes driver license or identification card number, name, address, and social security number. Emergency contact information is also protected.

I request the following personal information contained in my own records.

- ☐ Driver record transcript with all personal information
- ☐ Florida driver license or identification card number
- ☐ Last address on driver record
- ☐ Last address on motor vehicle record
- ☐ All addresses on driver and motor vehicle records
- ☐ Emergency contact information

The following information must be provided to obtain the information selected above:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of birth: _____ Social Security Number: _____

Please also provide a mailing address, fax number, or email address where you would like us to send the information.

Mail to: _____

Fax me: _____

Email me: _____

Driver's Signature **Date**

Obtaining personal information under false pretenses is a state and federal crime. Under penalty of perjury, I swear that the information given above is true.

Sworn to (or affirmed) and subscribed to me this _____ day of _____, 20_____.

(Signature of Notary Public – State of Florida)

Print, Type or Stamp Commissioned Name of Notary Public

Personally Known _____ Or Produced Identification _____

Type of ID Produced _____